FORM D UNITED STATES RECEIVE Washington, D.C. 20549

0 2002

SECURITIES AND EXCHANGE COMMISSION

FORM D

ÔTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL 3235-0076 OMB Number: Expires: December 31, 1993 Estimated average burden hours per form 16.00

SEC USE ONLY							
Prefix		Serial					
DA	TE RECEIV	'ED					

•	this is an amendment and name has changed, and ers 2002 Co-Ownership Well Gr	
Filing Under (Check box(es) that a	apply): Rule 504 Rule 505 Rule 50	6 Section 4(6) ULOF
Type of Filing: X New Filing	☐ Amendment	118) 1116 A1616 11111 #2884 11818 1117 1117
	A. BASIC IDENTIFICATION DAT	A
1. Enter the information requested	about the issuer	1881
Name of Issuer (☐ check if this Exploration Partner	s is an amendment and name has changed, and inders, LLC	icate change.) 02047346
Address of Executive Offices 1425 Seminole Trai	(Number and Street, City, State, Zip Code il, Suite 340, Charlottesville, V	
	erations (Number and Street, City, State, Zip Codes) Rt.4, Box 262, Bridgeport, W	V (304) 842-877 <u>7</u>
Brief Description of Business		PROCESSED
Oil and gas explor	cation and development	JUL 3 1 2002
Type of Business Organization Corporation	☐ limited partnership, already formed	X other (please specify): THOMSON FINANCIAL
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company
Actual or Estimated Date of Incor Jurisdiction of Incorporation or C	rporation or Organization: Month Year 0 5 9 6 Prganization: (Enter two-letter U.S. Postal Service and CN for Canada; FN for other foreign	
GENERAL INSTRUCTIONS		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless exemption is predicated on the filing of a federal notice.

 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% securities of the issuer;	or more of a class of equity
• Each executive officer and director of corporate issuers and of corporate general and managing partne	rs of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) 2603-A Partnership	
Business or Residence Address (Number and Street, City, State, Zip Code) 529 South Seventh St., Minneapolis, MN 55415	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) George R. Gibson	
Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 2296, Midland, TX 79702	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Virginia Exploration, Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code) 1425 Seminole Trail, Suite 340, Charlottesville, VA 22901	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or
Full Name (Last name first, if individual) Thomas A. Dingledine	Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Codé) 1425 Seminole Trail, Suite 340, Charlottesville, VA 22901	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Bradley W. Thomas	* * * * * * * * * * * * * * * * * * * *
Business or Residence Address (Number and Street, City, State, Zip Code) Route 4, Box 262, Bridgeport, WV 26330	⊕ gu.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Louis A. Ferrari	
Business or Residence Address (Number and Street, City, State, Zip Code) Route 4, Box 262, Bridgeport, WV 26330	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Jacob G. Ford	. ,
Business or Residence Address (Number and Street, City, State, Zip Code) 1425 Seminole Trail, Suite 340, Charlottesville, VA 22901	San
(Use blank sheet, or conv and use additional copies of this sheet, as necessary.)	

2 of 8

SEC 1972 (5/91)

A. BASIC IDENTIFICATION DATA

				B. I	NFORMA	TION AB	OUT OFF	ERING					
1. Has	the issuer s	sold, or do	es the issu	ier intend	to sell, to	non-accre	dited inves	tors in thi	s offering?	?		Yes . □	No X
			An	swer also i	in Append	ix, Colum	n 2, if filir	ng under U	JLOE.				
2. Wha	t is the min	nimum inv	estment th	at will be	accepted	from any i	individual?					. \$_7,	500
				•								Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single un	it?		· · · · · · · · · · · ·	• • • • • • • • • •			. \square	X
sion to be list th	r the inforn or similar re listed is an he name of ealer, you	emuneration associated the broke	on for solid d person o er or deale	citation of or agent of r. If more	purchasers a broker of than five (in connector dealer r (5) persons	tion with sa egistered w s to be liste	ales of securith the SE ed are asso	rities in the C and/or	e offering. with a stat	If a perso e or state	on s,	
Full Name	e (Last nan	ne first, if	individua)									
Business of	or Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)			,			
Name of	Associated	Broker or	Dealer										
				1					,				
States in '	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	licit Purcl	nasers						
(Check	"All States	s'' or chec	k individu	al States)									States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	ļ
[IL]	[IN]	[IA _.]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	•
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	i ———
Full Name	e (Last nan	ne first, it	individual)									
Business of	or Residenc	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·				
Name of	Associated	Broker or	Dealer		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	****					
States in '	Which Pers	son Listed	Has Solic	ited or Int	ends to Sc	licit Purcl	nasers						
	"All State:						• • • • • • • • •						
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	{DE}	[DC]	[FL]	[GA]	[HI]	[ID	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR	
Full Name	e (Last nan	ne first, if	individua)									
Business of	or Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
Name of	Associated	Broker or	Dealer										
Ctotas in 1	Which Do	om Tirri	Hac C-1	land on You	ande to C	lieis Dece							
	Which Pers											[] A !! '	Stat=-
(Check	"All States	s'' or chec	k individu [AR]	al States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		□ All S [ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify <u>Co-Ownership Interests</u>)	\$ 2,550,000	\$ 2,550,000
	Total	\$ 2,550,000	\$ 2,550,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	24	<u>\$ 2,550,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	·	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Tura of	Dollar Amount
	Type of offering	Type of Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	X	\$500
	Legal Fees	X	\$ 3,750
	Accounting Fees	X	\$7,500
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		_{\$} 11,750

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USI	E C	F PROCEED	S	
b. Enter the difference between the aggregate offer tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	is th	1e		\$	2,538,250
5. Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amou estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth	int for any purpose is not known, furni te. The total of the payments listed must	sh a	ın al	ei .		
	in response to 1 art C - Question 4.0 a		., .]	Payments to Officers, Directors, & Affiliates	P	ayments To Others
Salaries and fees		K	\$	108,750	□ \$	
Purchase of real estate		X)	\$	15,000	X \$	15,000
Purchase, rental or leasing and installation of	machinery and equipment		\$.		X \$	639,975
Construction or leasing of plant buildings and						,493,275
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	value of securities involved in this assets or securities of another			·		, .
Repayment of indebtedness						
Working capital						
Other (specify):						
Other (specify):		U	p _		□ 3	
			\$		□ \$	
Column Totals		X	\$_	390,000	X \$2	,148,250
Total Payments Listed (column totals added)				X \$_2;		50 g
	D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by ollowing signature constitutes an undertaking by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the informatio	ssuer to furnish to the U.S. Securities an	nd E	xch	ange Commis	sion, upo	on written re-
ssuer (Print or Type)	Signature			Date		
Exploration Partners, LLC	The M. Dan Ol	حا		-	7/26/02	2
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Thomas A. Dingledine	President					

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes □	No X
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Exploration Partners, LLC	The M. On Oak	7/26/02
Name (Print or Type)	Title (Print or Type)	
Thomas A. Dingledine	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	v-:		4			5
	to non-a	I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)				
State	Yes	No		Number of Accredited Investors	ccredited Non-Accredited				No
AL				12,0000		2.0.40.00		Yes	
AK				1					
AZ			,						
AR									
CA			***						
СО									
СТ									
DE									
DC					. <u>-</u>				
FL									
GA									
НІ				:1				<u> </u>	
ID									
IL									
IN			,						
1A									
KS									
KY					· · · · · · · · · · · · · · · · · · ·			_	
LA									
ME									
MD	-								
MA									_
MI									
MN									
MS							· · · · · · · · · · · · · · · · · · ·		
МО	<u> </u>				<u></u>		<u>, , , , , , , , , , , , , , , , , , , </u>		

APPENDIX

1		2	3 4							
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	1	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT			,	1982 (177) - 19						
NE										
NV	!									
NH										
NJ										
NM			,							
NY				·						
NC										
ND			·							
ОН										
ОК										
OR					-					
PA										
RI										
SC							- Par			
SD			- 170							
TN							Ph			
TX							<u></u>			
UT										
VT			·							
VA										
WA										
wv							·			
WI										
WY										
PR										